

# DOMESTIC VIOLENCE

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BRIEFING NOTE 3

The third of a series of  
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# PERPETRATOR PROGRAMMES AND CHILDREN AND YOUNG PEOPLE

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## BACKGROUND

THE LAST TWENTY YEARS HAS SEEN A GROWTH IN THE BODY OF LITERATURE EXPOSING THE NEGATIVE EFFECTS ON CHILDREN OF LIVING WITH, AND WITNESSING DOMESTIC VIOLENCE. RESEARCH HAS SHOWN THAT DOMESTIC VIOLENCE AND ABUSE OF CHILDREN COMMONLY CO-OCCURS, WHEREBY CHILDREN ARE FREQUENTLY PHYSICALLY OR SEXUALLY ABUSED IN ADDITION TO WITNESSING THE ABUSE OF THEIR MOTHERS (HUMPHREYS AND THIARA, 2002; MULLENDER ET AL, 2002).



Edelson (1995), in a review of 84 studies on the impact of domestic violence on children, concluded that children who witness domestic violence develop more behavioural and emotional problems than other children. Evidence relating to the adverse effects of domestic violence on children has subsequently led to changes in law and policy. Section 120 of the Adoption and Children Act 2002, for example, defines 'significant

harm' as including 'any impairment of the child's health or development as a result of witnessing the ill-treatment of another person, such as domestic violence'.

In Britain, law and policy strongly promote the preservation of children's relationships with non-resident parents and other significant family members after parental separation (Hunt and Macleod, 2008). In a key court ruling (Re O, 1995) it was stated that contact with the non-resident parent is 'almost always' in the interests of the child. The private family court presumption that children want contact with their domestically violent father and the risks involved, has been highlighted in a range of studies (including Hester and Radford, 1996; Aris and Harrison, 2007). DVPPs are increasingly being offered as one response to the problem of violent dads wanting contact with their children.

Despite the aims of most British domestic violence perpetrator programmes (DVPPs) being to increase the safety of women and children, and four of Westmarland and Kelly's (2012) measures of

DVPP success being linked directly to children (see also briefing note 1 in this series), there is a paucity of research available on children's perspectives of domestically violent dads (Houghton, 2008) and DVPPs in particular.

We are aware of only one other British study that has asked children about their views of DVPPs. In 2010 Rayns, working for the NSPCC, carried out a practitioner-led research project for the Children's Workforce Development Council (CWDC). Rayns interviewed 16 children and young people aged between 8-18 whose dad/male carer was attending a DVPP and found:

- children had limited knowledge of perpetrator work, but saw it as a helpful and an appropriate intervention;
- children considered their mother to be "safer" when a perpetrator was on, or had attended a perpetrator programme, but did not necessarily feel safer themselves.
- there was little consistency with regard to safety planning work for the children in this sample;

- children were aware that perpetrator work was linked to violent/angry behaviour by their father/male carer and that attendance was an attempt to change this behaviour;
- perpetrator programmes did not appear to lead to violent fathers/male carers talking openly to their children about their violent behaviour.

The aim of this briefing note is to add to this emerging body of literature and include both professionals and children and young people's views of the effects of domestic violence perpetrator programmes.

## RESEARCH METHODS

This briefing paper draws on the following data:

- An online survey of 44 organisations (members of Respect running DVPPs);
- Interviews with 13 members of staff working in a range of domestic violence perpetrator programmes (perpetrator programme facilitators, children's

support workers and women's support workers);

- Observation of one DVPP men's group work session focused on the impact on children;
- Interviews with 13 children and young people aged 7-16 years old (6 boys, 7 girls) using a task based 'research book'. The younger children were helped to complete the research book by the interviewer, particularly the tasks that involved reading and writing, and the research book operated as more of a topic guide for older children if they felt the tasks were too childish. The children's dad/male carer had completed at least 2/3 of a DVPP and most had recently finished.

All of the children interviewed were receiving support from children's workers at the time of interview and all but one said they remembered witnessing the violence – either being in the same room or overhearing it. The 'research book' and the questions in it were designed in collaboration with organisations working with children. Information sheets and consent forms were used, with

special child-friendly ones designed for the child participants - available for download at [www.dur.ac.uk/criva/projectmirabal](http://www.dur.ac.uk/criva/projectmirabal). Ethical clearance was granted by the School of Applied Social Sciences ethics committee at Durham University.

## **FINDINGS**

### **THERE IS A NEED FOR MORE DIRECT SUPPORT SERVICES FOR THE CHILDREN OF MEN ON DOMESTIC VIOLENCE PERPETRATOR PROGRAMMES**

Despite a desire to improve the situation of children, very few organisations provided a direct support service to the children of men on programmes. Instead, work with men and support for their ex/partners operated as some form of proxy service to children. We summarise our data linked to this finding below, which can be read in more detail in Alderson, Westmarland and Kelly (2012).

The survey found that, despite a desire to improve the situation of

children, few DVPPs provide direct support services for children of men who are participating on programmes. Only half of the 44 organisations who responded said they did any form of direct work with children. This work was carried out through various channels: preventative work in schools; support for any child who had been referred, where the perpetrator had left the family home; floating support; and parent and child programmes. Only three of the organisations worked specifically with children and young people whose dad is participating in a perpetrator programme, despite the overall aim of perpetrator work being the promotion of safety for women and children.

These three programmes all offered both one-to-one work and group-work. In interviews, staff explained that care was taken to select which children would benefit from each of these interventions. Children with similar family circumstances and history of domestic violence were sometimes placed together in groups to challenge isolation and foster recognition of having lived through similar experiences.

**“Sometimes they think they are the only one going through this so a group situation is often better for them.”**

(Children's support worker)

However, for other children or those who were struggling in the group work sessions, one-to-one work was offered.

**“Some children won't open up in groups. Some children's needs are so complex that they need one to one support.”**

(Children's support worker)

Overall, these findings indicate that most therapeutic services are only available to children who no longer live with the perpetrator. There remains a distinct lack of community based services, including in refuges, but this is particularly the case for children who remain living at home with both the non-abusing parent and domestic violence perpetrator.

**“I see the referrals coming in and I think ‘oh my god - there are so many!’”**

(DVPP Children's support worker)

## **MEN ON DOMESTIC VIOLENCE PERPETRATOR PROGRAMMES SHOULD BE ACTIVELY ENCOURAGED AND SUPPORTED, WHERE SAFE AND APPROPRIATE, TO TELL THEIR CHILDREN ABOUT THEIR ATTENDANCE**

In an earlier part of the research, we interviewed men on programmes and partners/ex partners about what their children were told about their dad's participation perpetrator programme (also reported in Alderson et al., 2012). We found around half had not told their children anything (the proportion was the same whether the dad was or was not living with the children). This supports Rayns's research - a third of the children in her sample

had never been told about the programme. In our research, the main reasons offered for not telling children were: the children were too young to understand; parents did not want children to feel uncomfortable; or that shame and stigma prevented them from being honest.

**“[My partner] doesn’t want to tell his daughters due to the stigma attached to being involved in a domestic violence programme. Maybe in the future.”**

(Partner of man on programme)

**“Well we tell them the truth... we wanted to be open with them... we didn’t want to lie. I don’t tell them everything that goes on there, ‘cos I mean, it shocked me when I went there.”**

(Man on programme)

In the interviews for this part of the research, staff were divided on who they thought would be best placed to talk to the children about their dad/male carer being on a DVPP. While most thought the dad/male carer should be the person to tell children, some staff argued that mothers would be most able to communicate this information.

When we interviewed the children and young people, it became apparent that some had only been told about their dad’s/male carer’s attendance on the DVPP in light of the invitation to participate in the research. Other’s had known for some time, with terms such as ‘on a course’ and ‘working with Dad’ commonly used rather than the terms ‘domestic violence’ and/or ‘perpetrator programme’.

**“Dad introduced us. Dad told us that [name of programme facilitator] was going to help him sort out his anger problems. He said he was going on an anger management type thing and that it would help him to calm down.”**

(Boy, age 15)

**“I didn’t know at first that [name of programme facilitator] was working with my dad - I just thought he was just a friend of his.”**

(Girl, age 14)

Where children in this study were aware of their dad’s/male carer’s participation, most said it was their mother who told them, although some were told by both parents (3) and some by dad/male carer alone (2). All of the children were positive in some way about their dad/male carer attending the programme, and many were optimistic about positive changes. One girl (age 8) explained how she was told:

C: It was both of them, just before he was going to go.

Int: Did mum and dad tell you why, and what would happen when he attended?

C: That he would be more respectful to her.

Int: Ok, how did you feel about that?

C: Happy.

Another girl aged 8 filled in the research book, describing how they felt happy their dad/male carer was attending a programme, because they felt ‘SAD’ before and that now they had finished they felt ‘QUITE HAPPY’.

Questions about feelings:

Draw a face in the circle to show how you feel about ..... attending the programme:

Before... Dad... attended the programme I felt... SAD... I felt this way because...

Now that ..... is attending the programme I feel ..... I feel this way because...

When I think about when ..... completes the programme I feel quite happy... I feel this way because.....

QUI TE HAPPY

Since a core principle of DVPPs is to hold men accountable for their behaviour, we argue that more consideration should be given to extending this to their children.

This might take the form of programme sessions on finding the right language to talk to children about violence and abuse and about positive, healthy relationships. This may also address the lack of consistency around how and by what processes perpetrator work is explained to children described by Rayns (2010) and start to reduce, where safe to do so, the burden on the mother to always be the one to explain and provide support others on top of her own victimisation-survival. More openness with children coupled with (linked to the previous finding) direct support for children, may also help manage expectations about the programme and change, especially if things are not going well. Just as managing women's expectations around change and supporting them in their decision making around staying/leaving relationships is a core part of women's support work, similar work may be needed for children – particularly in those cases where DVPP participation is explicitly linked to child contact. Where a DVPP has an integrated

children's service, this is something they would be well placed to support.

## **FOR MANY MEN, THE SESSIONS ON THE IMPACT OF DOMESTIC VIOLENCE ON CHILDREN AND FATHERING WERE LINKED TO MEN'S MOTIVATION TO CHANGE**

All of the DVPPs that we have knowledge about include specific modules promoting safe and child focused parenting. This work is informed by an understanding that, firstly, it is not possible to be a 'good' parent whilst perpetrating domestic violence. Secondly, women's abilities to mother their children are undermined by ongoing abuse. There are no specific guidelines regarding the appropriate allocation of time to this topic and the number of sessions on the impact of domestic violence on children and parenting provided by DVPPs therefore varies.



The interviews with DVPP staff showed enthusiasm about the huge impact that these specific sessions can have on men's motivation to change. Specifically they were thought to:

- increase men's awareness of child centred fathering;
- helped to improve parenting skills;
- developed men's capacity to understand the impact of their violence on their children.

DVPP staff reported that the sessions on the impact of domestic violence on children appear to have a profound effect on many men.

**“They [sessions on children] have a massive impact on the men, and they are shocked at what they have done to their children.”**

(DVPP children's support worker)

Staff reported that many men start off under the illusion that their children are somehow 'protected' from the impact of their violence. A common strategy within these programme sessions is to ask men to reflect on their own childhoods and any experiences of domestic violence within this.

**“I think they get an awakening when they do the [children's] module on the programme. When they can see themselves as they were as children or see what they are doing to their children, then that is a wakeup call... It does reduce some of the men to tears. It gets them to think ‘That was me as a child’. It's not in their consciousness and it's shocked the back of the mind. It's a trigger to memory and it gets them to realise.”**

(DVPP Women's worker)

This was not only the case in relation to young children, but also for adult children in some cases.

**“One man has started talking to his grown up son about the violence and now they have a much better relationship. This guy is in his 50s and he has been a domestic abuse perpetrator all those years. He knows now what he’s done to his child.”**

(DVPP men’s worker)

Within the groupwork, men are encouraged to talk about their children, in particular how they feel each child has been affected by the violence. Workers considered that talking about each child in turn, and the effects of domestic violence on them specifically, was a catalyst to reflect on range and depth of impacts of their behaviour.

One groupwork session involved the men’s worker working together

with the children’s support worker by asking the children in the children’s support group ‘what would you say to a person who was abusive to you?’.

**“There were responses like; ‘why did you do it?’ ‘Go away you shit’, ‘I don’t want to ever see you again’, ‘Are you going to change?’ ‘Why should I believe you, because you said it before?’ ‘Don’t make promises you can’t keep, don’t say you are going to visit unless you mean it’, ‘Don’t blame mum, it’s your fault’. These are statements from kids who are supposed to know nothing about the domestic abuse going on in their home! The children also say things like ‘when you visit don’t ask us questions about mum’. These are all real statements from children**

**and we use these in our sessions with the men. Real is much better than anything that is made up and they have an impact.”**

**(DVPP men’s worker)**

Workers noted that while men’s initial motivation to attend was often due to pressure from children’s social services/partners’, as the programme progressed to the specific sessions on children, men seemed more intrinsically motivated to engage. They argued that the new found awareness functioned as a means for men to improve their relationship with their children and to generally become a ‘better dad’. These sessions were understood as simultaneously addressing children’s needs and men’s use of violence.

## **INCLUDING CHILDREN’S PERSPECTIVES IN RISK ASSESSMENTS AND SAFETY PLANNING IS IMPORTANT**

The interviews with DVPP workers suggest that the principles of women’s empowerment combined with the pooling of knowledge between agencies, provides a useful way to obtain a complete picture of the risks posed to children who live with domestic violence. However, supporting women as a way to protect the child may be so well known that it is taken for granted, and the specific risks to, and needs of, children overlooked (see also Radford et al., 2011). Focussed efforts to include children in risk assessment and safety planning can often help reduce the stress children can feel as a result of domestic violence and children as young as three years old are able to understand and contribute to the safety planning process (Gewirtz and Menakem 2004). Interviews with DVPP children’s workers revealed their commitment to the empowerment of children and their accounts illustrate how the development of safety planning is a crucial step in addressing and enhancing children’s safety. This also fulfils

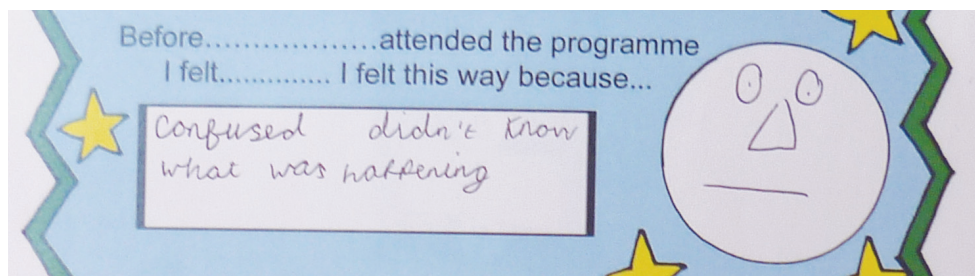
the participation principle of the UN Convention on the Rights of the Child – that they should be involved in decisions about their future.

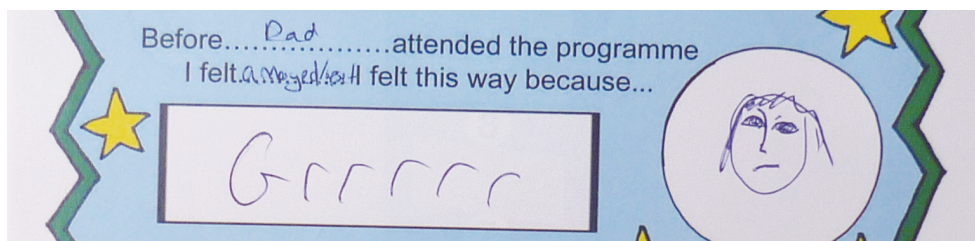
## **POSITIVE OUTCOMES WERE DESCRIBED BY CHILDREN WHO WERE RECEIVING INTEGRATED CHILDREN'S SUPPORT SERVICES ALONGSIDE THEIR DAD'S DVPP**

Over the course of the DVPP, as men begin to acquire an enhanced ability to empathise and communicate, the progress and processes of these changes

became visible to their children. Children were articulate in their accounts of having an improved sense of well-being, feeling safer, spending more quality time with their dad/male carer, having more trust in their dad/male carer, and an overall enhanced father/child relationship.

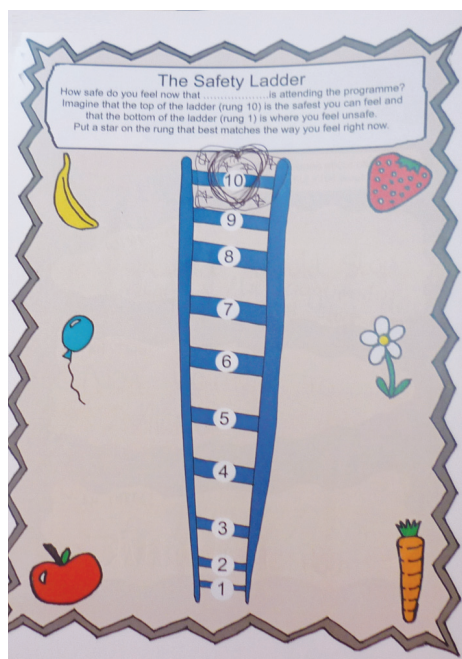
All of the children, bar one, said they could remember 'witnessing' the domestic violence, either being physically present or in another room. The children who completed the research book were asked to draw a face and write a word that indicated how they felt about their dad/male carer before he attended the DVPP. By far, the most common response to this question 'sad', one child said she was annoyed and wrote 'grrrr' and another felt 'confused'.





One of the tasks for the children completing the research book was to indicate on a ladder scale, their perception of how safe they felt before their dad/male carer participated in the DVPP and the level of safety they felt at the time of interview. Rung 1 on the ladder indicates feeling unsafe, rung 10 indicates feeling very safe. Before the programme all of the children indicated that they thought their level of safety was at or around level 1 and 2 (very unsafe). Current perceptions of safety following their dad's/male carer's participation in the programme were considerably higher. One child circled rung 5 (unsafe/fairly safe), two children circled rung 9 (safe) and four children circled rung 10 (very safe). Thus, all of the children felt safer at the time

of interview compared with before their dad/male carer started the programme.



Children who completed the research book were asked to circle a list of feelings relating to how they felt about their dad/male carer prior to attending DVPP and how they felt now that he is currently participating or has completed the programme. Seventeen different feelings were listed in column headings before and after. The table below shows that most children felt sad, worried and upset before their dad/male carer attended the programme. Four children felt disappointed, three children felt angry, scared and hurt and two children felt confused, guilty, bored and nothing. In contrast children's feelings towards their dad/male carer changed whilst he was on the programme or had completed the programme. Six children felt 'loving' towards them, five felt 'happy' and 'okay'. Four children said they felt 'joyful' and 'excited' towards their dad/male carer and three said they felt 'warm' towards him. Interestingly one child said he felt 'nothing' towards his dad/male carer after his participation on the programme and one circled 'worried'. This last feeling was clarified with a note

next to 'worried' which explained how he was afraid that, 'a big argument might happen'.

Certainly, it was not the case that all children now had forgiven and forgotten their dad's/male carer's actions and what things were like living in a household controlled by violence and abuse. Another part of the research book asked children what they would like to say to their dad/male carer. Most said things were calmer at home and most wanted to spend more time doing activities with him. However, many wanted their dad to acknowledge and be sorry for his behaviour, as the text from the following 'letters to dad' show:

#### **To Dad,**

I love you so much but when you have finished [the course] would you be sorry and would you argue with mum again?

**Lots of love from R (age 8)**

#### **Dear Dad,**

Please don't argue with mum anymore. Every time you get angry can you please go and calm down in your room on your own. When you are nice and

calm all our family is a happy and we can go for a nice sunny walk and have a picnic.

**Lots of love G (age 7)**

**Dear Dad,**

I think that our family is happier now that you have stopped being angry with mum. Can you be sorry to her and us? Can we do things together like play football and computer games.

I love you lots

**From P (Age 7)**

There is an important caveat running parallel to these positive outcomes: all children participating in the study were receiving an integrated children's support service. The intervention was helping children to rebuild their self-esteem, express their feelings about the violence in a safe environment, and importantly, to receive reassurance that the violence was not their fault. Threaded through this, children were feeling a greater sense of stability in their lives. It is not clear then, whether the positive outcomes for children found in this study would be different had they not been able to access such support services.

## CONCLUSIONS

This briefing paper has argued that there are not enough direct services available for children of men on domestic violence perpetrator programmes. Those that do exist provide one-to-one work and group work, children's workers often interact with staff working with women and men in innovative ways. We suggest more openness and clarity with children around men's attendance on DVPPs. Although only a small sample of children and young people were interviewed, for these children the outcomes were largely positive – children reported feeling safer, happier, and doing more with their dads/male carers. We reiterate that these children were among the very few who received integrated services through a DVPP, and this finding cannot be extrapolated to DVPPs without integrated children's services. However, it does show the potential for improving the lives of children and young people through commissioners including funding of integrated services for children/young people alongside women's support and men's programmes.

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